

# Scholarship Application

Due on or before OCT. 16, 2009

Scholarships are available on a first-come, first-served basis to Indiana SSI, SSDI or TANF recipients only.

## Applicant (Please check all that apply.)

- ☐ I am requesting a scholarship for \$55 off the registration fee, which includes meals and the reception. (Applicant must pay \$10 for registration upon submitting request. Checks will be returned if scholarship is not approved.) Please complete the access requests section, if appropriate.
- ☐ I (my child or other member of my household) receive SSI, SSDI or TANF.

## Hotel Overnight for Scholarship Recipients — Monday, NOV. 16

NOTE: Only for scholarship recipients 50 miles or more outside of Indianapolis. Hotel reservations will be billed directly to the Council. **Most accessible rooms will be provided by the Westin across the street from the Hyatt Regency.**

**Scholarship recipients must share rooms (except in highly special circumstances).**

- ☐ I require a wheelchair accessible room. ☐ Manual ☐ Power (check one)
- ☐ I require a room equipped for a person with a hearing impairment.
- ☐ I require a room near the elevator.
- ☐ I CANNOT be assigned a roommate because \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*You will be notified about the scholarship within 10 business days of returning this form.*

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# Personal Care Assistance Application

NOTE: Limited services provided. Participants requiring substantial assistance are asked to secure their own personal care attendants.

- ☐ Yes, a personal care assistant will accompany me to the Conference.

**The registration fee for a personal care assistant is \$15.**

Name of assistant: \_\_\_\_\_

Cell number: \_\_\_\_\_

- ☐ I am requesting personal assistance provided by the Council. Please describe assistance needed: \_\_\_\_\_

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# Access Requests Application

- ☐ I am diabetic.
- ☐ I need an ASL sign language interpreter.
- ☐ I have a service animal.
- ☐ I need parking for a high-top van.
- ☐ I require printed Conference materials in the following alternate format:
- ☐ I have dietary restrictions/other requests (please explain).
- ☐ I need CART (Communication Access Real-Time Translation).
- ☐ I need an assistive listening device.
- ☐ I need wheelchair access.
- ☐ Manual ☐ Power (check one)